



**Participant Information**

Name			
Address		Postal Code	
Telephone #		Member ID	

**Agency Details**

Name			
Address		Postal Code	
Telephone #		Agency Fax #	
Executive Director or Signatory			
Name of Contact Person (if different from above)			
Address for volunteer activity (if different from above)			

**Description of Volunteer Activity**

Title of Placement	
Length of Volunteer Activity (e.g. 2 weeks or 3 months)	
Days and Hours of Volunteer Activity (Circle days)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday  Hours per month:
Duties and Responsibilities	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
Skill Development Goals / Expected Outcomes	

I certify the above information is correct and accurately reflects the participant's volunteer duties and expected outcomes.

Completed by (Please Print) \_\_\_\_\_

Name of Agency Signatory \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The personal information on this form is collected under the authority of the *City of Toronto Act, 1997, Municipal Act, 2001, S.O. 2001, c. 25, s. 11(2) and 227(c) and the Ontario Works Act, 1997, S. 71, 72 and 73*. This information will be used to inform your caseworker about your volunteer activity. Questions about this collection can be directed to the Program Support Manager, 55 John Street, Station 1092, 9<sup>th</sup> floor, Metro Hall, Toronto, ON M5V3C6, Telephone no. 416-397-0531. In case of an emergency the participant consents to the disclosure of necessary personal information to Toronto Social Services from the agency named above.